## **Marin County Environmental Health Services**

3501 Civic Center Drive, Room 236, San Rafael CA 94903 (415) 499-6907 Fax (415) 507-4120

## Application to Construct an Individual Sewage Disposal System

| $\Box$ Type of System:   | O Standard   |   |                     |
|--|--|---|---------------------|
| □ New System   |  | <b>Application Fee_</b>   |                     |
| □ Repair   |  | Receipt No.   |                     |
| <ul><li>☐ Tank Replacement</li><li>☐ Minor Modification</li></ul>  |  | DateCk  | #                   |
| Property Information   |  |   |                     |
| Property Owner(s)  |  |   |                     |
| Address  |  | City  |                     |
| StateZipA  | Assessor's Parcel #  | Lot area  | sq ft               |
| Water supply: Publ   |  | te well   |                     |
| Owner's Mailing Address  |  |   |                     |
| City   | State  | e Zip   |                     |
| Telephone number ()  |  |   |                     |
| Applicant Information  |  |   |                     |
| Applicant Name   |  |   |                     |
| (Court comprise only in one opposite   |  | ,   |                     |
| System Information Type of system: MoundPDST Sand Filter Standard Other  |  |   |                     |
|  |  |   |                     |
| System area maximum slope Material of septic tank (include a slope stability report if slope exceeds 20%; see Sec. 403 of the Regulations)   |  |   |                     |
| Septic tank size:  | gallons  | Sump chamber size:  | gallons             |
| Design daily flow:   | _gpd I   | Low Flow Fixtures? Yes  | _ No                |
| No. bedrooms proposed: (all rooms affording privacy which could be used as bedrooms)   |  |   |                     |
|  | Licen  | se #Expires   | /                   |
| Consultant   | Workers Con  | np #Expires _   | /                   |
|  | Licen  | se #Expires   | /                   |
| Contractor   | Workers Con  | np #Expires _   | /                   |
| Please attach the following: calculations, slope stability report, three copies of the plans, contingency plan, construction inspection schedule and operation, maintenance and monitoring instructions for the homeowner. |  |   |                     |
| Signature of Owner, Applicant, Owner's Representative  |  |   |                     |
| Note: Acceptance of an applicati<br>Incomplete applications may be<br>that a permit will be issued. The  | ion does not guarantee that it returned to the applicant. Ac | t is neither complete nor acceptal cceptance of a complete applicat | ole for processing. |

<sup>\*</sup>New alternative systems require a Permit to Operate and a Supplemental Permit to Construct an Alternative Sewage Disposal Systems